



**Department of Labor-OWCP
ELECTRONIC DATA INTERCHANGE**



PLEASE INDICATE YOUR CLASSIFICATION:

☐ Software Vend ☐ Switch Vend ☐ Provider ☐ Clearinghouse ☐ Billing Agent

A1.	Please indication classification information.			
Submitter/Vendor/Provider Name:				
Address:				
City, State, Zip:				
Telephone #:		FAX #:		
Provider Number:		EIN:		
Group Provider Number:		EMAIL ADDRESS:		
Provider Specialty:				
A2.	Please indicate contact information, if different from Submitter/Vendor/Provider Information in Section A1.			
Contact Name and Title:				
Business Address:				
City, State, Zip:				
Phone Number:		Fax Number:		
Email Address:				
A3.	If you have indicated that you are a Software Vendor in section A1, please provide the following information:			
Software Name:		Software Version:	Protocol:	
Do you currently have clients submitting to Conduent?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A4.	Electronic Submission Method			
Submitter Type: <input type="checkbox"/> Vendor Software <input type="checkbox"/> Clearinghouse <input type="checkbox"/> Billing Agent				
Format Type: <input type="checkbox"/> Proprietary <input type="checkbox"/> X12N				
Transaction Type: <input type="checkbox"/> Professional <input type="checkbox"/> Dental <input type="checkbox"/> Institutional <input type="checkbox"/> HCFA <input type="checkbox"/> UB				
Submission Method: <input type="checkbox"/> WEB <input type="checkbox"/> NDM <input type="checkbox"/> ASYNC				
A5.	Electronic Report Retrieval			
Are you interested in retrieving your transaction electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Who will retrieve your reports? <input type="checkbox"/> You <input type="checkbox"/> Billing Agent <input type="checkbox"/> Clearinghouse				
Which reports would you like to access electronically? <input type="checkbox"/> Functional Acknowledgement (997) <input type="checkbox"/> Healthcare Claim Payment Advice (835)				

Please return completed forms via Mail or FAX to: 1-800-309-6180

**Department of Labor
Pharmacy Bill Processing, DEEOIC
PO Box 8310
London, KY 40742-8310**

(Incomplete forms will cause a delay in processing and are subject to return).